





PTO/SB/01 (03-01)

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Index the Paper West of 0505 no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numbe	r WKY		
		First Named Inventor	Angelo Tortola		
		COMPLETE	COMPLETE IF KNOWN		
		Application Number	09 / 866,530		
Declaration Submitted with Initial Filing	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	05/25/2001		
		Group Art Unit			
		Examiner Name	•		

Filing	required)	Examiner Name		•				
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
! believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR INPUTTING								
COORDINATE INFORMATION TO A								
COMPUTING DEVICE								
(Title of the Invention) the specification of which								
is attached hereto								
OR								
X was filed on (MM/DD/YYYY)	05/25/200	1 as United St	ates Application I	Number or PCT Ir	iternational			
Application Number 09/86	36 . 530 and was an	nended on (MM/DD/YY	YY)		(if applicable).			
Application Number 09/866,530 and was amended on (MM/DD/YYYY) (If applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-								
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	i '	py Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO NO			
					H			
Additional foreign application	numbers are listed as a s	supplemental priority da	ta sheet PTO/SB	I/02B attached be	reto:			

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Angelo Family Name or Surname Tortola							
Inventor's Signature Date 9-25-01							
Residence: City Lexington State MA Country US	Citizenship US						
Mailing Address 114 Wood Street							
City Lexington State MA ZIP 02421	Country US						
NAME OF SECOND INVENTOR: A petition has been filed for this un	nsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature Date							
Residence: City State Country	Citizenship						
Mailing Address							
City State ZIP	Country						
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							